



EMPLOYMENT APPLICATION

Answer Connecticut Acquisition Corp. DBA ACT Teleservices is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions. Answer Connecticut Acquisition Corp. DBA ACT Teleservices is a smoke free environment.

Please Print

Date:

Applicant Information

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Telephone: (____) _____ Phone 2 #: (____) _____

Do you have a valid driver's license? _____ State/License #: _____

Have you ever applied to, or worked for ACT Teleservices, Inc. before? _____ If yes, when? _____

Do you have any friends or relatives working for ACT Teleservices, Inc.? _____

If yes, state name and relationship: _____

How did you hear about us/this opening? _____

State briefly why you would like to work for ACT Teleservices, Inc.: _____

Have you ever been convicted of a felony (excluding any sealed or expunged convictions)? _____

(NOTE: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

If yes, explain: _____

General Information About Employment Desired

Position you are applying for? _____ Full-time or part-time? _____

If part-time, hours per week desired: _____ Are you available for work on weekends? _____

Are you available to work holidays? _____ Days of week you are available to work: _____

Hours you are available to work: _____ Are you available to be on-call? _____

Are you available to work evenings and nights? _____ Are you available to work overtime? _____

If hired, on what date could you start work? _____

Are you able to travel on company business? _____ % time willing to travel: _____

Hourly rate of pay or monthly salary desired: _____

Education and Training (Include on-the-job training):			
	<u>School/Location/Sponsor</u>	<u>Course of Study</u>	<u>Diploma/Degree</u>
High School			
Community College			
Trade School			
College/University			
Seminars/Other			

Special Skills

Do you speak, write or understand any foreign languages? _____
 If yes, which language(s)? _____
 Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at ACT Teleservices? _____ If so, explain in detail below:

Professional Society Memberships: _____
 Licenses (list states): _____

Computer skills	<u>Dates Used</u>	<u>Level of proficiency</u>
Hardware:		
Software:		

Use the space below to summarize other relevant experience, skills and background:

Please Read and Initial Each Paragraph Below (if there is any part of this page you do not understand, please ask the interviewer about it before signing).

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize ACT Teleservices, Inc. to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release ACT Teleservices, Inc. my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that if offered employment, the offer may be contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon receipt of a verbal offer of employment. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

If hired, I also agree to submit to random alcohol or drug testing as a condition of employment. I agree that ACT Teleservices, Inc. may conduct alcohol or drug screening at its sole discretion with or without notice, with or without cause or reason. I also understand that refusal to submit to a random alcohol/drug screen will be considered a voluntary resignation of employment.

I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and ACT Teleservices, Inc. In addition, I understand and agree that if I am employed, my employment relationship with ACT Teleservices, Inc. is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or ACT Teleservices, Inc. and that no promises or representations contrary to the forgoing are binding on ACT Teleservices, Inc. unless made in writing and signed jointly by the President/CEO and myself.

Furthermore, if employed, I agree that any dispute arising out of the termination of our employment relationship shall be resolved pursuant to mandatory binding arbitration at the written request of either ACT Teleservices, Inc. or myself. This agreement provides that such arbitration shall comply with and be governed by the Federal Arbitration Act and that any arbitration award arising from such dispute shall be limited to back pay.

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or ACT Teleservices, Inc. benefits, policies and procedures will not alter our at-will and arbitration agreements.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by ACT Teleservices, Inc. auto insurance, if required for my position.

I understand and agree that Answer Connecticut Acquisition Corp. payroll process is limited to Direct Deposit only. No live checks will be cut.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with ACT Teleservices, Inc., I authorize all past employers and educational institutions to release information about my work history and education for use in determining my qualifications for this position.

Please release or verify the items indicated:

Yes No

 All Information Requested

Past Employers:

 Salary History

 Dates of Employment

 Positions Held

 Supervisors (Name of)

 Responsibilities and Duties Performed

 Reasons for Leaving

 Eligibility for Rehire

 Attendance Record for Last Year of Employment

Educational Institutions:

 Years of Attendance

 Degree Obtained

 Transcript

 Licenses/Certifications

Signature: _____ Date: _____

Name: _____

Social Security #: _____

Release Expiration Date: _____



ACT Teleservices Attendance Standards

Basics:

At ACT Teleservices operators **MUST** be here when the **CLIENTS** need service. This is **NOT** a flex-hours job. Employees who are tardy or absent inconvenience their coworkers, who will have to stay late, arrive early or give up personal time to cover for absent or tardy employees. They also put the business at risk because understaffing causes poor customer service.

We expect operators to have unscheduled absences no more than 1 time per 90-day period and to be tardy no more than 2 times per 30-day period. By signing this policy statement you are stating that have no reason to believe that you cannot meet these standards on an ongoing basis.

Requested Time Off:

If you wish to request time off it must be done at least two weeks in advance of the day(s) you wish to have off. An employee is limited to two requested days off a month. Employees who serve in the National Guard or Reserves, have jury duty, have a death in the immediate family or who are hospitalized will be granted extra time off for those activities.

Employees who fail to give two-week notice for any absence such as a scheduled Reserve commitment, a scheduled hospitalization, or jury duty will be subject to disciplinary action, which may include suspension or termination. **Revised Handbook 10/02.**

Vacation Time Off:

Request for vacation time off must be in writing and received by the manager at least 4 weeks in advance. If more than one request for the same time period is requested, the final decision will be based upon the date of the earliest request and the respective employee's length of service.

Switching Shifts:

In order to achieve our corporate goals, it is essential to maintain an adequate staff of equally qualified people at all times. As a result, if you need to get a replacement to cover a shift you have been scheduled for, you need to be sure that your replacement is **at least** at the same skill level as you are.

School Scheduling:

Any employee attending school must notify us of every schedule change immediately upon getting a new class schedule. If your class hours change substantially the number of hours you are scheduled to work at ACT Teleservices may be reduced if there are not shifts available during the hours your revised schedule allows you to be available for work. **Revised Handbook 10/02.**

Weekends/Holidays:

Every operator at ACT Teleservices is expected to work either Saturday or Sunday or every other Saturday and Sunday on a regular basis. Upon being hired, you filled a Schedule Survey stating our schedule preference. The Manager will attempt to accommodate these wishes. However, business needs, ability and longevity usually are the primary factors determining weekend shift assignments.

It is a condition of employment with ACT Teleservices that you work some hours, as scheduled, on the two “major” holidays and at least two “minor” holidays. This policy is in place so that all staff works a fair share of the holiday day, insuring that hours scheduled for each TMS on these days will be kept to a minimum. **Failure to report for work as scheduled on a holiday is grounds for immediate dismissal.** Last minute “sick outs” and other unapproved absences are suspect and subject to verification.

Failure to report for work on your next scheduled day after a holiday will result in you only being paid straight time for the holiday hours worked.

Absence Policy:

Any employee who cannot come to work for any reason is expected to call in a minimum of four (4) hours in advance of his/her scheduled shift. Emergencies may occur which do not permit that much notice and those will be evaluated on a case-by-case basis. Any employee who is absent 3 or more consecutive days will be required to produce a doctor’s note detailing the illness and his/her approval to return to work will be required.

It is not acceptable to have someone else call in sick for you. You must call in to ACT Teleservices yourself - and you must speak to a member of management, not another operator. You should call the employee message line and the operator will patch you through to the appropriate manager/supervisor on duty. **Revised Handbook 10/02.**

If an employee is scheduled to work and has not called in sick or tardy we will assume that the employee has resigned without notice once that employee is more than 30 minutes late. Extenuating circumstances will be considered and reviewed on a case-by-case basis, but the employee will be required to prove that there was a compelling reason he/she could not call in. **Revised Handbook 10/02.**

Tardiness Policy:

We expect all operators to be here and ready to start working at the assigned beginning of their shift. If possible you should arrive no less than five minutes prior to your shift time so as to be briefed by other employees on any situations that you will need to know about while working. If an employee is late three or more times within a 30 day period a “Notice of Disciplinary Action” form will be completed and included in their personnel file. If late behavior continues to be a problem, further action will be taken, including possible dismissal.

By signing below I acknowledge that I have read and understood these policies, and that I agree to be bound by them both now and in the future. I understand that any change in my life or circumstances will not be a reason for ACT Teleservices to change its policies.

Name _____ Date _____



Work Availability:

Please Note: Weekends and Holidays Are Required.

	<u>Earliest Available Time</u>	<u>Latest Available Time</u>
Sunday:	_____	_____
Monday:	_____	_____
Tuesday:	_____	_____
Wednesday:	_____	_____
Thursday:	_____	_____
Friday:	_____	_____
Saturday:	_____	_____

Would You Be Available For 11pm-7am If Asked? _____

Preferred Shift: 1ST 2ND 3RD

Full Time OR Part Time



Mandatory Headset Purchase Program

I understand that if hired and after 90 days of employment I will be expected to purchase my own headset. Cost for the headset will be deducted bi-weekly in up to 6 installments. New headsets range from \$80-\$120 and used or refurbished headsets range from \$60-\$90. All headsets come with a 3-year manufacturers warrantee. (Warrantee covers mechanical problems, static etc.) It is at the discretion of Answer Connecticut Acquisition Corp. DBA ACT Teleservices to elect to buy back the used equipment at market price in the event of employment termination. Should an employee terminate employment prior to the headset installment payoff, the remaining amount due will be deducted from the final paycheck.

My signature below certifies that I have read and understand this page, and agree to the terms and conditions outlined in this document.

Applicant Signature

Date